

SAMPLE SCHOOL DISTRICT VERIFICATION CHECKLIST

Local Educational Agency (LEA): _____ Date: _____

1. Type of verification conducted:

☐ Standard Sample Size ☐ Alternate One ☐ Alternate Two

2. Did the district/institution follow the U.S. Department of Agriculture's (USDA) [Eligibility Manual for School Meals](#) and appropriate Connecticut State Department of Education (CSDE) [operational memoranda](#) to ensure that the verification sample was chosen correctly? ☐ Yes ☐ No

If "NO" explain:

3. Did anyone from the district/institution attend training on verification conducted by the CSDE during the past year? ☐ Yes ☐ No

If "NO" explain:

4. Was more than the required sample size verified? ☐ Yes ☐ No

If "YES" explain:

5. Were the state agency (CSDE) sample verification forms used? ☐ Yes ☐ No

If "NO" explain:

6. Was the verification process completed by November 15? ☐ Yes ☐ No

If "NO" explain:

7. Was a confirmation review conducted by a person other than the determining official? ☐ Yes ☐ No

If "NO" explain:

8. Were households with foster children verified correctly? ☐ Yes ☐ No

If "NO" explain:

9. Were the notifications of changes in eligibility to families sent in a timely manner? ☐ Yes ☐ No

If "NO" explain:

SAMPLE SCHOOL DISTRICT VERIFICATION CHECKLIST, continued

10. Were applications that did not need to be verified replaced by similar applications to meet the required number to be verified? ☐ Yes ☐ No
If "NO" explain:

11. Was the option to decline to verify no more than 5 percent of applications in the selected sample utilized by the district? ☐ Yes ☐ No
If "YES" explain:

12. Check this box if all calls within the district are local calls: ☐

13. Was there a second attempt to obtain the family information for verification? If unable to verify the eligibility, after a reasonable period was a notice of adverse action sent to the families? ☐ Yes ☐ No
☐ Not applicable
If "NO" explain:

14. If there was a benefit change due to verification, was it properly applied in the lunchroom (ticket, roster and/or other system)? ☐ Yes ☐ No
☐ Not applicable
If "NO" explain:

15. Were any households selected for Verification for Cause? ☐ Yes ☐ No
If "YES" explain: ☐ Not applicable

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For more information, visit the CSDE's [Verification](#) Web page or contact the [school nutrition programs](#) staff in the CSDE Bureau of Health/Nutrition, Family Services and Adult Education, 25 Industrial Park Road, Middletown, CT 06457.

This worksheet is available in PDF at www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/verification/vercheck.pdf and Word at www.sde.ct.gov/sde/lib/sde/word_docs/deps/nutrition/verification/vercheck.doc.